



EAR, NOSE & THROAT
ASSOCIATES

EAR, NOSE & THROAT ASSOCIATES OF AUDIOLOGY

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7001 Heritage Village Plaza, Suite 170
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703-468-2205
703-468-2216 (fax)

Important Pre-Test Instructions for Inner Ear Testing

Dear Patient:

You have been scheduled for the following tests on _____ at _____
a.m./p.m. Please note, if you arrive more than 15 minutes late you will be asked to reschedule.

VNG (Videonystagmography) (testing takes approximately 75 minutes)

Audiogram (hearing test) (testing take approximately 30 minutes)

- 1. IMPORTANT INFORMATION:** Accurate inner ear function testing requires any medications that act on your central nervous system or that suppress your inner ear function to be **stopped a full 48 hours prior to the testing appointment.** This would include any medications you take for dizziness, including Antivert, Meclizine, Valium, sleeping pills, Dramamine, or scopolamine patches. If you forget and take any of the above medications in the 48 hours prior to your testing appointment, we will be unable to perform your test and we will need to reschedule your appointment in order to obtain reliable results.
- 2. Other Central Nervous System acting medications that need to be stopped 48 hours prior to your appointment** would include, but are not limited to: Sleeping pills, tranquilizers, sedatives, prescription pain killers that contain narcotics (Tylenol #3, etc.), any cold or allergy medication that make you sleepy such as Benadryl, Nyquil, etc. **However, some medications should not be stopped abruptly. Please check with your pharmacist or the prescribing physician with any questions or concerned regarding stopping these medications. If your physician does not want you to stop any of these medications mentioned in this paragraph, please let the clinic know when you come for your appointment.**
- 3. Do not drink alcohol for 48 hours prior to this appointment.** (Includes hard liquor, wine or beer). Donot drink caffeine the day of the test.
- 4. IMPORTANT INFORMATION: CONTINUE THSE TYPES OF MEDICATIONS:** Continue anything you take for heart or kidney problems, high blood pressure, circulatory disorders, diabetes, cancer, arthritis (non-narcotics), seizures, or hormone imbalance. You may also continue vitamins, steroids, antibiotics, water pills (diuretics). You may take over the counter painkillers such as Tylenol, Advil, ibuprofen, aspirin, and acetaminophen, etc.

5. Please do not wear contact lenses. VNG testing requires measurement of the eye movements and contact lenses interfere with accurate recordings. If you wear your contacts to the appointment, please bring your lens case.
6. Please do not wear **ANY** eye make-up and make sure any residual eye make-up is completely removed.
7. Wear comfortable clothing. Please, do not wear a dress or a skirt.
8. Some patients experience slightly increased symptoms of dizziness after testing and you may wish to have someone available to drive you home.

GENERAL INFORMATION

- To schedule, reschedule or cancel an appointment: (703) 468-2205.
- **Please complete the attached forms and bring them to your appointment, Please have your forms filled out prior to your appointment.**

Due to the length of the appointment, you will be charged a \$75 No Show Fee if you do not come to the appointment or cancel with less than 48 hours' notice.

Patient Signature _____ Date _____



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Videonystagmography (VNG)

At Ear, Nose and Throat Associates, we use Videonystagmography (VNG) for testing inner ear and central motor functions. VNG testing is used to determine if a vestibular (inner ear) disease may be causing a balance or dizziness problem, and is one of the only tests available today that can decipher between a unilateral (one ear) and bilateral (both ears) vestibular loss. VNG testing is a series of tests designed to document a person's ability to follow visual objects with their eyes and how well the eyes respond to information from the vestibular system.

To monitor the movements of the eyes, infrared goggles are placed around the eyes to record eye movements during testing. VNG testing is non-invasive and appointments usually last about 1.5 hours. **Because we are monitoring eye movements it is extremely important that you do not wear ANY form of eye makeup to the test.**

This testing is generally covered by insurance. If you have any questions, please call your insurance company and provide them with the following codes: 92557, 92537, and 92540.

There are 3 main parts to a VNG test:

Ocular Mobility

You will be asked to have your eyes follow objects that jump from place to place, stand still, or move smoothly. The audiologist will be looking for any slowness or inaccuracies in your ability to follow visual targets.

Positional Nystagmus

The audiologist will gently move your head and body into various positions to make sure that there are no eye movements called nystagmus present. We do not have rotary chair or tilt-table procedures here at Ear, Nose and Throat Associates. You will not be "spun around."

Caloric Testing

The audiologist will stimulate both of your inner ears (one at a time) with cool and then warm air. They will be monitoring the movements of your eyes to make sure that both of your ears react equally to this stimulation. This test is the only test available that can decipher between a unilateral and bilateral problem.

Dizziness Questionnaire

Patient Name: _____ DOB: _____ Age: _____

The word "dizzy" is used throughout this questionnaire to also describe imbalance, vertigo, disorientation, lightheadedness, etc.

Without using the word "dizzy" please describe your sensations:

I. Please check YES or NO and fill in the blanks **answering all questions.**

1. When did dizziness first occur? _____

2. My dizziness is constant in attacks or episodes?

3. If in attacks:

a. How often do attacks occur? _____

b. How long do they last? _____

c. When was the first episode? _____

d. What was the duration of the shortest attack? _____

e. What was the duration of the longest attack? _____

f. Do you have any warning that the attack is going to occur? yes no

g. Are you completely free of dizziness between attacks? yes no

4. Does change of position make you dizzy? _____ yes no

5. Do you have trouble walking in the dark? yes no

6. Do you know any possible cause of your dizziness? _____ yes no

7. Do you know of anything that will:

Stop your dizziness or make it better? _____ yes no

Make your dizziness worse? _____ yes no

Come before an attack? _____ yes no

(ex, fatigue, exertion, hunger, menstrual period, stress, emotional upset.)

8. Does sneezing, coughing, or lifting heavy objects make your symptoms worse? yes no

9. Did you have any recent changes in medication? yes no

II. When you are dizzy or lose your balance, do you experience any of the following symptoms?

1. Lightheadedness or swimming sensation in the head? yes no
2. Blacking out or loss of consciousness? yes no
3. Tendency to fall to the left? to the right? forward? backward?
4. Objects spinning or turning around you? yes no
5. Sensation that you are spinning or turning? yes no
6. Loss of balance while walking veering to the left? veering to the right?
7. Headache? yes no
8. Nausea or Vomiting? yes no
9. Pressure in the head? yes no
10. Tingling in your fingers, toes, or around your mouth? yes no

III. Past Medical History

1. Do you have a history or any of the following? **Please check all that apply.**
 diabetes hypertension thyroid disease
 migraine headaches seizure kidney disease
 ear surgery cardiac/heart problems heart disease
2. Do you have a **family history** of any of the following? **Please check all that apply.**
 ear disease neurologic disease migraine headaches
3. Have you ever suffered a serious head injury or been knocked unconscious? yes no
4. Do you use tobacco in any form? yes no
How much? _____ For how long? _____
5. Have you consumed any alcohol within 48 hours of VNG testing? yes no
6. Can you see out of both eyes? yes no

IV. Do you have any of the following symptoms? **Check YES or NO and the ear involved.**

1. Difficulty hearing yes no both ears right ear left ear associated with attack
2. Hearing getting worse yes no both ears right ear left ear associated with attack
3. Noise in your ears yes no both ears right ear left ear associated with attack
If yes, describe the noise: _____
4. Does the noise change with the dizziness? yes no
If yes, how? _____
5. Pain in your ears yes no both ears right ear left ear associated with attack
6. Fullness or stuffiness in your ears
 yes no both ears right ear left ear associated with attack